

## PART 3

This window is used for taking input from user

Survey Form

How many children do you have?

Number of Children

Submit Query

Dynamically text fields are created based upon the input by user

Survey Form

Please enter the name of child number 1

Children Name

Please enter the name of child number 2

Children Name

Please enter the name of child number 3

Children Name

Please enter the name of child number 4

Children Name

Please enter the name of child number 5

Children Name

Please enter the name of child number 6

Children Name

Submit Query

User will input the name of childrens

Survey Form

Please enter the name of child number 1

Lee

Please enter the name of child number 2

Ron

Please enter the name of child number 3

Yan

Please enter the name of child number 4

Eileen

Please enter the name of child number 5

Roger

Please enter the name of child number 6

Lenny

Submit Query

Output once user enter the name of the childrens

#### Survey Form

Your childrens names are:

1. Lee
2. Ron
3. Yan
4. Eileen
5. Roger
6. Lenny

## Part 4

Insurance Form is sanitize on client-side (javascript) and server-side

ASPCA PET HEALTH INSURANCE			
CLAIM FORM		PLEASE INCLUDE YOUR PET'S MEDICAL RECORD TO HELP EXPEDITE PROCESSING	
General Information <small>Please fill out this form completely. Incomplete forms will delay processing.</small>			
Personal Information <input type="checkbox"/> Check here if this is a new address		Pet Information	
Name: <input type="text" value="Hari Charan"/>	Address: <input type="text" value="40 Parker"/>	Account Number: <input type="text" value="12345"/>	Name: <input type="text" value="Rocky124"/>
City: <input type="text" value="Boston"/>	State: <input type="text" value="&lt;script&gt;"/>	Breed: <input type="text" value="Pomperian"/>	Age: <input type="text" value="123"/>
Zip Code: <input type="text" value="02120"/>	Phone Number: <input type="text" value="1234567890"/>	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female	
Email ID: <input type="text" value="abc@"/>			

This claim is related to:

☐ Accident ☒ Illness ☐ Wellness

Is this claim an estimate for future treatment?

☒ Yes ☐ No

Total amount claimed:

Claimed Amount is Required

Date Illness/Injury first occurred:

01/21/2016

Send Payment To:

☒ Me ☐ Veterinarian

Is this a new condition:

☒ Yes ☐ No

Veterinarian:

Ramchandani

Clinic Name:

Boston Children Hospital

Phone Number:

Phone Number should have exactly 10 digits

Fax Number:

1234567890

Did any other veterinarian treat your pet:

☒ Yes ☐ No

Date Illness/Injury first occurred:

01/21/2016

Send Payment To:

☐ Me ☒ Veterinarian

Is this a new condition:

☒ Yes ☐ No

Fax Number:

1234567890

our pet:



From "http://localhost:8080":

You must read terms and conditions. And Please agree to the terms first.

OK

Pet Owner Declaration

☐ I confirm to the best of my knowledge the above statements are true in every respect. I understand that the fees listed may not be covered or may exceed my plan benefit. I understand that I am financially responsible to my veterinarian for the entire treatment. I understand that this claim cannot be adjusted without itemized receipts. I also understand that the deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the claim and/or the cancellation of coverage. I authorize United States Fire Insurance Company and its business partners to review and obtain a copy of ALL RECORDS including the insurance claim records and medical records as to examination, history, diagnosis, treatment and prognosis with respect to any condition. I further authorize these entities to disclose identifying information about me and my pet, as well as information about my claim experience, to my veterinarian.

Signature of Pet Owner:

hari charan panjwani

Date:

02/03/2016

SUBMIT

Please read IMPORTANT NOTICE document that follows for additional information

Thank you for submitting the form  
Your request will be processed shortly

Field Name	Details
Name:	Hari+Charan
Address:	40+Parker
City:	Boston
State:	script
Zip Code:	02120
Contact Number:	1234567890
Email ID:	abc@gmail.com
Account Number:	1234567890
Pet Name:	Rocky
Breed:	Pomperian
Age:	12
Gender:	Male
Diagnosis:	select+from+table

This claim is related to:	Illness
Is Claim Estimate for Future?:	Yes
Total Amount claimed:	123
Date Illness:	01/21/2016
Send Payment to:	Veterinarian
Veterinarian:	Ramchandani
Clinic Name:	Boston+Children+Hospital
Phone Number:	1234678905
Fax Number:	1234567890
Did any other veterinarian treat your pet?:	Yes
Is this a new condition:	Yes
Agreement:	Yes
Signature:	hari+charan+panjwani
Date:	02/03/2016

## PART 5

### ASPCA PET HEALTH INSURANCE

#### CLAIM FORM

PLEASE INCLUDE YOUR PET'S MEDICAL RECORD TO HELP EXPEDITE PROCESSING

#### General Information

Please fill out this form completely. Incomplete forms will delay processing.

#### Personal Information

☒ Check here if this is a new address

Name:

Hari Charan Panjwani

Address:

40 Parker Hill Ave

City:

Boston

State:

MA

Zip Code:

02120

Phone Number:

8577076049

Email ID:

abc@gmail.com

#### Pet Information

Account Number:

0091134567

Name:

Les

Breed:

Bulldog

Age:

3

Gender:

☒ Male ☐ Female

**Diagnosis / System Information****Story of Occurrence / Diagnosis***-Please describe this incident, including dates, details and symptoms leading upto it.*

History of fever is prominent

**This claim is related to:**☐ Accident ☒ Illness ☐ Wellness**Is this claim an estimate for future treatment?**☐ Yes ☒ No**Total amount claimed:**

1200

**Date Illness/Injury first occurred:**

01/15/2016

**Send Payment To:**☐ Me ☒ Veterinarian**Veterinarian:**

Doctor

**Clinic Name:**

Pet Clinic

**Phone Number:**

789654320

**Fax Number:**

789654320

**Did any other veterinarian treat your pet:**☐ Yes ☒ No

Thank you for submitting the form  
Your request will be processed shortly

Field Name	Details
Name:	Hari Charan Panjwani
Is this New Address?:	Yes
Address:	40 Parker Hill Ave
City:	Boston
State:	MA
Zip Code:	02120
Contact Number:	8577076049
Email ID:	abc@gmail.com
Account Number:	0091134567
Pet Name:	Les
Breed:	Bulldog
Age:	3

Age:	3
Gender:	Male
Diagnosis:	History of fever is prominent
This claim is related to:	Illness
Is Claim Estimate for Future?:	No
Total Amount claimed:	1200
Date Illness:	01/15/2016
Send Payment to:	Veterinarian
Veterinarian:	Doctor
Clinic Name:	Pet Clinic
Phone Number:	789654320
Fax Number:	789654320
Did any other veterinarian treat your pet?:	No
Is this a new condition:	Yes
Agreement:	Yes
Signature:	Hari charan panjwani
Date:	02/03/2016

## PART 6

Please enter your first and last name to start the Quiz!

First Name:

Last Name:




## Quiz Page 1

Question 1. Which http method is idempotent?

- ☐ GET
- ☐ POST
- ☐ TRACE
- ☐ OPTION

## Quiz Page 2

**Question 2. Which statement is not true about ServletConfig?**

- ☐ There is one servlet config per one application
- ☒ We can access Servletcontext through it
- ☐ Provide deploy-time information to server
- ☐ There is one servlet config per one servlet

Next

## Quiz Page 3

**Question 3. Which of these life-cycle method you can over-ride in your class?**

- ☐ init()
- ☒ service()
- ☐ doGet()
- ☐ All of these

Next

## Quiz Page 4

**Question 4. Which method is called when client request come?**

- ☒ get()
- ☐ post()
- ☐ init()
- ☐ service()

Next

## Quiz Page 5

**Question 5. Which life cycle method is called once in servlet life?**

- ☒ Class loading
- ☐ init()
- ☐ service()
- ☐ destroy()

Next

## Quiz Result

### Participant Details

**First Name:**  
Yusuf

**Last Name:**  
Uzbek

**Submitted Ans 1:**  
post

**Submitted Ans 2:**  
We can access Servletcontext through it

**Submitted Ans 3:**  
service()

**Submitted Ans 4:**  
get()

**Submitted Ans 5:**  
Class loading

**Submitted Ans 6:**  
doPost

**Submitted Ans 6:**

doPost

**Submitted Ans 7:**

service

**Submitted Ans 8:**

init

**Submitted Ans 9:**

system.gc

**Submitted Ans 10:**

web-app

## PART 7

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